where appropriate.

There was no statistically significant difference between groups for the mean hours admission to surgery (28 h in Clopidogrel group versus 24 h in control group), method of anaesthesia (57% spinal rate versus 51%), mean operative blood loss (208 ml versus 202 ml), requirement for transfusion (21% transfused versus 22%) or mortality at 120 days after surgery (14% versus 14%).

Our study has shown that Clopidogrel does not appear to increase the risk of peri-operative bleeding after a hip fracture. This group of patients should be treated in a similar manner to those not taking Clopidogrel. The previously reported increase in mortality for those patients on Clopidogrel who had surgery delayed may be due to the inappropriate delay imposed on these patients.

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**9B.5**

## The effect of compartment syndrome and fasciotomies on the healing of closed tibial diaphyseal fractures

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*Aim*: To evaluate the effect of fasciotomies following compartment syndrome on the healing of closed tibia diaphyseal fractures.
*Patients and methods*: Between January 2002 and January 2005 165 patients were treated in our institution with closed tibial diaphyseal fractures. Patients were divided in to two groups; Group A (study group) consisted of patients that, after surgery, developed compartment syndrome and were submitted to fasciotomies and group B (control group) of patients who underwent reamed IM nailing and did not require such intervention. Patients with open fractures, pathological fractures, revision surgery, severe brain injuries, prolonged ITU stay and severe co-morbidities were excluded. Fracture pattern, ISS score, smoking habits, drugs intake, mode of mobilization and additional procedures were prospectively documented. Fracture healing more than 24 weeks was defined as delayed union and over 36 weeks as non-union. All patients had been followed-up clinically and radiologically until fracture union.
*Results*: One hundred twenty-five out of 165 patients fulfilled the inclusion criteria for this study. 30 patients were classified in group A and 95 in group B. 18 patients of group A required skin graft coverage after the fasciotomies. There was no difference between the two groups in terms of the studied parameters. 4 patients from group A and 1 from group B, went to non-union and required second procedures to achieve union. These patients were excluded from the final analysis. Delayed union occurred in 11 (percentage) patients in group A and in 10 (percentage) patients in group B ($P < 0.05$). Overall, fracture healing was prolonged in the fasciotomy group but the difference was not statistical significant, 24.27 weeks (10–48) versus 22.19 (12–40) ($P = 0.157$) in group A and group B, respectively.
*Conclusions*: Compartment syndrome and fasciotomies is associated with delayed fracture healing. Nevertheless, this delay was not statistically significant different.
*Keywords*: Compartment syndrome; Fasciotomies; Tibial fractures; Bone healing

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## A radiographic comparison of quality of operative reduction of distal third tibial fractures. Locking plate versus intra-medullary nail fixation

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*Objective*: To determine if there is a difference in quality of intra-operative reduction techniques of distal tibial fractures between locking plate fixation and intra-medullary nailing.
*Design*: Retrospective radiographical review.
*Setting*: 1 District General Hospital in the UK

Patients: Patients with distal third tibial fractures (OTA 42 and 43) were split into 2 groups; Group 1 was treated with IM nail fixation while Group 2 was treated with locking plate osteosynthesis.

Outcome measures: Immediate post-operative departmental AP and Lateral view X-rays were scrutinised by an independent observer for quality of reduction. Malalignment was defined as varus/valgus >5° and anterior/ posterior angulation of >10°. Rotation and leg length discrepancy were not examined.
*Results*: 57 patients were treated with either IM nail or distal tibial locking plate between July 2006 and July 2008. There were 29 patients in group 1 and 28 patients in group 2. There were 4 open fractures in group 1 and 6 in group 2. Group 1 consisted of 25 OTA 42 and 4 OTA 43 fractures and Group 2 consisted of 7 OTA 42 and 21 OTA 43 fractures. None of the patients in group 1 had concurrent plating of the fibula, whereas 9 patients in group 2 did undergo plating of the fibula. In each group there were 4 (14%) malaligned fractures with no statistical difference in post-operative alignment between the groups ($p = 0.5$ for lateral alignment and $p = 0.07$ for AP alignment (unpaired $t$-test)).
*Discussion*: This study shows that IM nailing and locking plate osteosynthesis have similar immediate post-operative results in terms of fracture reduction. In our series plates were used more frequently in OTA 43 fractures and IM nails used more frequently for OTA 42 fractures. Whichever method of fixation of these fractures is chosen, emphasis must be placed on accurate reduction prior to fixation.
*Keywords*: Tibial; Distal; Reduction; Locking

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**9B.7**

## Periprosthetic hip fractures: How much are they costing your hospital?

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*Introduction*: In a climate of tightening budgets and rising cost the pressure on those performing complex and expensive surgery is ever increasing.

Periprosthetic fractures requiring revision hip surgery are a particular burden on such limited resources.

Hospital trusts are dependent upon adequate remuneration for such complex procedures, a process reliant on accurate coding.
*Methods*: We performed a retrospective audit of our coding for revision hip surgery. This highlighted significant shortfalls in the coding process. Necessary changes were implemented prior to a further prospective audit.
*Results*: The primary procedure was correctly coded in all cases throughout, creating a standard tariff (mean £6897).

However certain additional procedures enable a tariff uplift of up to 70%. Yet these additional procedures, performed in all our